Evidence for addition of age of deceased is shown on Film No. G94 - May 15, 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03775

Reg. Dist. No. 52

1. PLACE OF DEATH:
County: Calvert
City or town: W. Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Rt 126-6th H&Z Wash. DC
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Frederick William Passey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	W

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hrs. ..... min.

9. Birthplace (Town, county, and state)
10. Usual occupation
11. Industry or business
12. Name (FATHER)
13. Birthplace
14. Maiden name (MOTHER)
15. Birthplace
16. Informant
Address
17. removal to Hack'd Sept 1 1945 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director Wm. H. Hutchins
Address
19. April 1, 1945 (Date rec'd by registrar) Wm. H. Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1 19 45 at 3 45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19.... to ..... 19.....
and that I last saw h.... alive on ..... 19.....

Immediate cause of death	DURATION
Head injuries & Broken neck	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 4/1/45
Accident, suicide, or homicide Accident Date of
Where did injury occur? W. Beach Calvert Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Public Road
Means of injury Auto accident Injured at work?

23. SIGNATURE Hugh W. Mans M. D. or other
Address Owings Md Date signed 4/4/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (734)

CERTIFICATE OF DEATH

03776

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Calvert
City or town Solomons
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Calvert
City or town Solomons
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Rosa E. Gray

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife J. Walter Gray
6.(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1873

8. AGE: Years	Months	Days	If less than one day
71	4	20	hrs. min.

9. Birthplace Calvert County, Md
(Town, county, and state)
10. Usual occupation Home
11. Industry or business

FATHER
12. Name John Long
13. Birthplace Md

MOTHER
14. Maiden name Mary Siebel
15. Birthplace ?

16. Informant Dorothy Chambers
Address Lusby, Md

17. Burial Date thereof Apr. 16, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Middleham Chapel
Location Lusby, Md

18. Funeral director A. A. Harkness & Son
Address Mutual, Md

19. Apr. 15, 1945 J. N. Ching
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1945 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Coronary Occlusion	
Due to Hypertensive Cardio Vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Oscar Stott M. D. or other
Address Bowie, Md Date signed 4/15/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (25)

03777

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
County: Calvert
City or town: Huntingtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Owings
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME William Henry Hardesty | **3.(b) Social Security Number**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	W

6.(b) Name of husband or wife: Sarah Elizabeth H.
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 9, 1860

8. AGE: Years	Months	Days	If less than one day
85	2	9	hrs. min.

9. Birthplace: Sunderland, Calvert Co., Md.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: Benjamin Hardesty
13. Birthplace: Md.
MOTHER 14. Maiden name: Rebecca Wood
15. Birthplace: Md.
16. Informant: Mrs Lenzer Cox
Address: Huntingtown Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof 4/19/45 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Friendship C. C. Co
18. Funeral director: Wm H. Hutchins
Address: Owings Md.
19. April 18 1945 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/17/45 at 7.15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from the 19 44, to 4/17 19 45
and that I last saw him alive on 4/16 (45) 19
Immediate cause of death: Chronic myocarditis — DURATION 3 yrs
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H W Ward M. D. or other
Address: Owings Md. Date signed: 4/17/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (36)

CERTIFICATE OF DEATH

1:3782

Reg. Diat. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Calvert

City or town: Huntingtown, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Calvert

City or town: Huntingtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME Leroy Gibson Trott

3.(b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Henrietta Trott

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 5, 1868

8. AGE: Years	Months	Days	If less than one day
76	9	8	hrs. min.

9. Birthplace: Huntingtown, Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Samuel Trott

13. Birthplace: Md

MOTHER

14. Maiden name: Barbara Jane Gibson

15. Birthplace: Md

16. Informant: E. Lowe Trott

Address: Huntingtown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 15 1945 (month) (day) (year)

Cemetery or crematory: Miranda

Location: Huntingtown, Md

18. Funeral director: A. A. Harkness & Son

Address: Mutual, Md

19. Apr. 14, 1945 (Date rec'd by registrar) L. N. Craig Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 13, 1945 at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cardiovascular Tuberculosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Page D. H. M. D. or other

Address: Bowie Md Date signed: 4/13/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03778

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Prince Frederick Hospital

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County:

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 405 Grindall St.

(If rural, give LOCATION)

2.(a) If veteran, name war: N

3.(a) FULL NAME: Henry Virgil Turner

3.(b) Social Security Number: ?

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: --

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 17, 1926

8. AGE:	Years	Months	Days	If less than one day
	18	7	15	hrs. min.

9. Birthplace: Calvert Co., Md. (Town, county, and state)

10. Usual occupation: Electricians Helper

11. Industry or business

FATHER — 12. Name: Raymond Turner

FATHER — 13. Birthplace: Calvert Co., Md.

MOTHER — 14. Maiden name: Edna McKenney

MOTHER — 15. Birthplace: Calvert Co., Md.

16. Informant: Edna Pfisterer

Address: 405 E. Grindall St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-3-45 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Balto., Md.

18. Funeral director: William Cook, Inc.

Address: Baltimore, Md.

19. 4-2 1945 (Date rec'd by registrar) L. N. Ising Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 2 1945 at 6 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Fracture of [illegible] neck	24 hrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 4-1-45

Where did injury occur? West Benedict, Calvert, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State Road

Means of injury Auto accident Injured at work? no

23. SIGNATURE: Hugh W Ward M. D. or other

Address: Deputy Medical Examiner Owings, Md. Date signed 4-1-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

CERTIFICATE OF DEATH

03779

Reg. Diat. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr. 4 mos.
Hospital, Institution, or street address where death occurred:
Prince Frederick Hospital
How long in hospital or institution? About 2 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: N. Beach Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Charles Alofsius Ward — Charles Ward

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Lillian Ward, 661 Millbury St., Worcester, Mass. 6.(c) If alive, give age: Unkn. years

7. Birth date of deceased (mo., day, yr.): 13 November 1918

8. AGE: Years	Months	Days	If less than one day
26	5	3	..... hrs. ..... min.

9. Birthplace: Scotland (Town, county, and state)
10. Usual occupation: Ship's Cook, U.S. Naval Reserve
11. Industry or business: U.S. Naval Service

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Unknown Mary Gilmartin
15. Birthplace

16. Informant: C.C. EARLY, C. Pharm. USN
Address: U.S. Naval Dispensary, Bellevue Annex, Navy Dept., Washington, D.C.

17. ..... Date thereof .....
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory
Location: Worcester, Mass.

18. Funeral director: Chambers
Address: 517 Eleventh St. S.E., Washington, D.C.

19. 4-17 1945 L. N. King
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/16 1945, at 1220 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19.. to ..... 19..
and that I last saw h..... alive on ..... 19..

Immediate cause of death	DURATION
Fractured skull	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results: No autopsy
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 4/16/45
Where did injury occur? Willow Calvert Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Highway
Means of injury: Auto accident Injured at work? No

23. SIGNATURE: Chas. A. Ward M. D. or other
Address: Prince Frederick Md. Date signed: 4/16/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(3780

Reg. Dist. No. 52

1. PLACE OF DEATH
County Calvert
City or town N. Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, the residence of mother)
State Md. County Calvert
City or town N. Beach
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Clifton Ward | **3.(b) Social Security Number**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Margaret Ward
6.(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) Feb 3 1872

8. AGE: Years 73 | Months 2 | Days 4 | If less than one day ... hrs. ... min.

9. Birthplace Md (town, county, and state)
10. Usual occupation Mechanic
11. Industry or business
FATHER 12. Name Husband Ward
13. Birthplace Md
MOTHER 14. Maiden name Mary Mallery
15. Birthplace Md
16. Informant Mrs Clifton Ward
Address N. Beach

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 9, 1943 (month) (day) (year)
Cemetery or crematory Mt Harmony
Location Owings Md.
18. Funeral director Wm. H. Hutchins
Address Owings Md.
19. April 8 1943 Wm. H. Hardesty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 7 1943 at 9 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

	DURATION
Immediate cause of death Cerebral hemorrhage	1 hr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. Ward M. D. or other
Address Owings Md Date signed 4-7-43

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-d

CERTIFICATE OF DEATH

13781

Reg. Dist. No. 50

1. PLACE OF DEATH:

County: Calvert

City or town: Solomons (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1½ yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis (If outside city or town limits, write RURAL and give nearest town)

Street No.: 17 Jefferson St (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Thomas Milburn Woolford

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Bertie Horsman Woolford

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 29 - 1872

8. AGE: Years	Months	Days	If less than one day
73	0	27	hrs. min.

9. Birthplace: Madison, Maryland (Town, county, and state)

10. Usual occupation: Captain

11. Industry or business: Merchant Marine

FATHER 12. Name: Jethro Woolford

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Mary M. Moffett

MOTHER 15. Birthplace: Maryland

16. Informant: Harrison Woolford

Address: Lusby, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 29 - 45 (month) (day) (year)

Cemetery or crematory: Cedar Bluff

Location: Annapolis, Maryland

18. Funeral director: Benjamin Hopkins

Address: Annapolis, Maryland

19. April 26 19 45 (Date rec'd by registrar) Dr. E. S. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 26 - 1945 at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9 - 1944 to April 26 1945

and that I last saw h.i.m. alive on April 26 - 45 19

Immediate cause of death	DURATION
Arterial Hypertension	4 yrs
Due to: arteriosclerosis	4 yrs
Due to:	
Other conditions: Hemiplegia	1½ yrs.

(Includa pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Dr. E. S. Coster M. D. or other

Address: Solomons, Md Date signed 4/26/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16